

The City of Belen Parks and Recreation Department

Summer Recreation Program

Child Information

First Name: _____ Last Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Doctor: _____ Phone: _____

Child's medical conditions (Please inform supervisor)

Parent/Guardian Information

Parent/Guardian Name: _____ Home/Cell Phone: _____

Parent/Guardian Name: _____ Home/Cell Phone: _____

Emergency Contact (other than parent)

Name: _____ Home/Cell Phone: _____

Relationship: _____

Walking Permission Form

- ☐ I **DO** allow my child to walk home daily after the Summer Recreation Program activities.
- ☐ I **DO NOT** allow my child to walk home daily after the Summer Recreation Program activities.

I hereby release the City of Belen Parks and Recreation Department from any and all liability concerning the safety of my child during the Summer Recreation Program. In signing this document I relieve the City of Belen, Belen Consolidated Schools and all of their employees and volunteers of any and all injuries and accidents that might occur while participating in this activity.

Parent/ Guardian Signature

Date

NO REFUNDS AFTER JUNE 13, 2011

OFFICE USE ONLY

Registration Fee: \$75.00 _____ Late Registration Fee: \$80.00 _____ (After June 8, 2011)

Cash _____ Check # _____ Receipt # _____ Employee _____